

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

#82816/n/ps 10/01

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	44	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	44 minus 20 =	24
INDEPENDENT CLAIMS	7 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	432
X42=		OR X84=	336
+140=		OR +280=	
TOTAL		OR TOTAL	1508

4 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 44	Minus	** 44 =
Independent	* 7	Minus	*** 7 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X42=	<input type="checkbox"/>	OR X84=	<input type="checkbox"/>
+140=	<input type="checkbox"/>	OR +280=	<input type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <input type="checkbox"/>	Minus	** <input type="checkbox"/> =
Independent	* <input type="checkbox"/>	Minus	*** <input type="checkbox"/> =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X42=	<input type="checkbox"/>	OR X84=	<input type="checkbox"/>
+140=	<input type="checkbox"/>	OR +280=	<input type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <input type="checkbox"/>	Minus	** <input type="checkbox"/> =
Independent	* <input type="checkbox"/>	Minus	*** <input type="checkbox"/> =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X42=	<input type="checkbox"/>	OR X84=	<input type="checkbox"/>
+140=	<input type="checkbox"/>	OR +280=	<input type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.